

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807578

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	2				
4	2				
5	2				
6	2				
7	2				
8	2				
9	2				
10	2				
11	2				
12	2				
13	2				
14	2				
15	2				
16	2				
17	2				
18	(1)				
19	2				
20	2				
21	2				
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
<b>TOTAL</b>					
D.	1				
TOTAL					
DEP.	3 8				
TOTAL					
AIMS	39				

*	*	*	*
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
<b>TOTAL</b>			
IND.			
DEP.			
<b>TOTAL</b>			
CLAIMS			